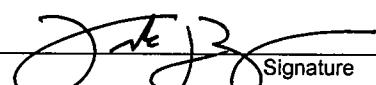


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |                         | Docket Number (Optional) 20553D-000611US |              |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
|---|-------------------------|--|--------------|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|--------------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| <b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |                         |  |              |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| Application Number 09/782,650   | Filed February 12, 2001 |  |              |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| For TARGETED ANGIOGENESIS   |                         |  |              |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit 1635   | Examiner Angell, Jon E. |  |              |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="text-align: center; width: 20%;"><u>Fee</u></th> <th style="text-align: center; width: 20%;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$ 450 _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,946</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> |                         |  |              | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 450 _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|   | <u>Fee</u>              | <u>Small Entity Fee</u>                  |              |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                   | \$60                                     | \$ _____     |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450                   | \$225                                    | \$ 450 _____ |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020                  | \$510                                    | \$ _____     |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590                  | \$795                                    | \$ _____     |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160                  | \$1080                                   | \$ _____     |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <br>Signature  |                         | July 19, 2006<br>Date                    |              |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <u>Frank J. Mycroft, Reg. No. 46,946</u><br>Typed or printed name   |                         | (925) 472-5000<br>Telephone Number       |              |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>  |                         |  |              |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |